



PTO/SB 111

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/972,142
Filing Date	October 5, 2001
First Named Inventor	Daniel G. LOFFLER
Group Art Unit	1764
Examiner Name	To Be Assigned
Total Number Of Pages In This Submission	15 Pages + 4 References
Attorney Docket No.	220772007420

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (original + 1 copy for fee processing (2 pages total))	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Reply (2 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Repl. Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below: - Form PTO-1449 (original + 1 copy, 2 pages total) - 4 References - Copy of PCT International Search Report (5 pages) - Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplier's entry) (3 pages)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> C/D, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts: Incomplete Application	Remarks:	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Morrison & Foerster LLP, 755 Page Mill Road, Palo Alto, California 94304-1018
Signature	<i>Jim A. Jacobson</i>
Date	December 6, 2002

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Express Mail Label No.: EV093216404US Date of Deposit: December 6, 2002

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231

Tamara Alcaraz

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DEC 11 2002

PATENT & TRADEMARK

FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number 09 972,142

Filing Date October 5, 2001

First Named Inventor Daniel G. LOFFLER

Examiner Name To Be Assigned

Gross Amount 1764

TOTAL AMOUNT OF PAYMENT

(\$ 9.00)

Attorney Docket No. 220772007420

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

03-1952

Deposit
Account
Name

Morrison & Foerster LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	740	201	370	Utility filing fee	
1002	330	206	165	Design filing fee	
1003	510	207	255	Plant filing fee	
1004	740	208	370	Reissue filing fee	
1005	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES

			Extra Claims		Fee from below		Fee Paid
Total Claims	49	- 48** =	1	x	9	=	\$ 9
Independent Claims	8	- 8** =	0	x	42	=	\$ 0
Multiple Dependent					140	=	\$ 0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1201	18	203	9	Claims in excess of 20
1202	14	202	42	Independent claims in excess of 3
1203	240	204	140	Multiple dependent claims, if not paid
1204	14	204	42	**Reissue independent claims over original patent
1205	14	205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 9.00)

** or number previously paid, if greater. For reissues, see above

FEE CALCULATION (continued)

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1251	130	205	65	Surcharge - late filing fee or oath	
1252	50	220	25	Surcharge - late provisional filing fee or cover sheet	
1253	130	139	130	Non-English specification	
1254	2,520	140	2,520	Requesting publication of SIR prior to Examiner action	
1255	920	112	920	Requesting publication of SIR after Examiner action	
1256	1,840	113	1,840	Extension for reply within first month	
1257	110	215	55	Extension for reply within second month	
1258	400	216	200	Extension for reply within third month	
1259	920	217	460	Extension for reply within fourth month	
1260	1,440	218	720	Extension for reply within fifth month	
1261	1,960	228	980	Notice of Appeal	
1401	320	219	160	Filing a brief in support of an appeal	
1402	370	220	185	Request for oral hearing	
1403	280	221	140	Request to institute a public use proceeding	
1404	1,510	128	1,510	Request to review unavoidable	
1405	110	240	55	Request to review unintentional	
1406	1,280	241	640	Utility issue fee (or reissue)	
1501	460	242	230	Design issue fee	
1502	620	243	310	Plant issue fee	
1407	130	122	130	Fees of the Commissioner	
1801	50	123	50	Fees related to provisional applications	
1802	180	126	180	Submission of Information Disclosure Stmt.	
8001	40	581	40	Requesting each patent assignment per properties (times number of properties)	
1803	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
1804	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
1805	740	279	370	Request for Continued Examination (RCE)	
1806	900	169	900	Request for expedited examination of a design application	
Other fee(s) specified					
Returned to Basis Filing Fee Paid					
SUBTOTAL (3)					\$ 9.00

SUBMITTED BY

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Complete (App Date)

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Signature

Jill A. Jacobson

Date

December 11, 2002

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